

OFFICIAL
JUL 26 2004

Serial No. 10/656872
60,130-1720
03MRA0168

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David K. Platner
Serial No.: 10/656,872
Filed: 9/5/2003
Title: **COMPOSITE LEAF SPRING HAVING AN ARCUATE ATTACHMENT
ARRANGEMENT FOR VEHICLE MOUNTING**
Group Art Unit: 3683
Examiner: Williams, Thomas J.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO INFORMALITY RE PAYMENT OF FEE NOTICE

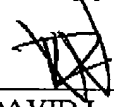
Dear Sir:

In response to the notice of informality re: payment of fee, mailed July 21, 2004 (copy attached), Applicant authorizes the Commissioner to charge Deposit Account No. 50-1482, in the name of Carlson, Gaskey & Olds, for the required fee of \$176.00. Should additional fees or extensions be required, the Commissioner is authorized to charge Deposit Account No. 50-1482, in the name of Carlson, Gaskey & Olds, P.C.

Applicant requests that the amendment filed July 6, 2004 be entered.

Respectfully Submitted,

CARLSON, GASKEY & OLDS, P.C.



DAVID L. WISZ
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Birmingham, Michigan 48009
(248) 988-8360

Dated: July 26, 2004

07/26/2004 MON 15:02 FAX 12489888363 Carlson, Gaskey & Olds

002/006

Serial No. 10/656872
60,130-1720
03MRA0168

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, (703) 872-9306, on July 26, 2004.


Beth A. Beard



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,872	09/05/2003	David K. Platner	DLW 60,130-1720/03MRA0168	8096
26096	7590	07/21/2004		
CARLSON, GASKEY & OLDS, P.C. 400 WEST MAPLE ROAD SUITE 350 BIRMINGHAM, MI 48009				
			EXAMINER WILLIAMS, THOMAS J	
			ART UNIT 3683	PAPER NUMBER

DATE MAILED: 07/21/2004

Please find below and/or attached an Office communication concerning this application or proceeding.



Best Available Copy

PTO-90C (Rev. 10/03)

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.

EXAMINER	
ART UNIT	PAPER NUMBER

DATE MAILED:

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☒ the amendment filed 7/6/04 is indicated below.

A. FEE DUE

- ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
- ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
- ☒ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
- ☒ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ 176.00 is due for additional claims.

5. ☐

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ 176.00.

B. EXCESS PAYMENT:

- ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.
This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

CLERK OF GROUP

PTOL-319 (REV. 3-82)

USCOMM-PC 82-3835-P22

07/26/2004 MON 15:02 FAX 12489888363 Carlson, Gaskey & Olds

005/006

07/06/2004 TUE 14:25 FAX 12489888363 Carlson, Gaskey & Olds

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Applicant: David K. Plamer
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Title: COMPOSITE LEAF SPRING HAVING AN ARCUATE ATTACHMENT
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Group Art Unit: 3683
Examiner: Williams, Thomas J.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

This paper is responsive to the Office Action mailed on 04-06-2004. Please amend the application in the following particulars.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, (703) 872-9306 on July 6, 2004.

Beth A Beard
Beth A Beard

PAGE 1/11 * RCVD AT 7/6/2004 2:22:37 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-1/12 * DNIS:8729306 * CSID:12489888363 * DURATION (mm-ss):03-18

PAGE 5/6 * RCVD AT 7/26/2004 2:59:44 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-1/2 * DNIS:8729306 * CSID:12489888363 * DURATION (mm-ss):01-36

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003					Application or Docket Number 10656872		
CLAIMS AS FILED - PART I							
		(Column 1)	(Column 2)				
TOTAL CLAIMS		23					
FOR		NUMBER FILED		NUMBER EXTRA			
TOTAL CHARGEABLE CLAIMS		23 minus 20 =		3			
INDEPENDENT CLAIMS		4 minus 3 =		1			
MULTIPLE DEPENDENT CLAIM PRESENT						<input type="checkbox"/>	
<p>* If the difference in column 1 is less than zero, enter "0" in column 2</p>							
CLAIMS AS AMENDED - PART II							
		(Column 1)	(Column 2)	(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
	Total	28	Minus	23	5		
	Independent	5	Minus	4	1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>
		(Column 1)	(Column 2)	(Column 3)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
	Total		Minus				
	Independent		Minus				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>
		(Column 1)	(Column 2)	(Column 3)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		
	Total		Minus				
	Independent		Minus				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>							

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	54.00
X43=		OR	X86=	86.00
+145=		OR	+290=	
TOTAL		OR	TOTAL	916.00

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	90.00
X43=		OR	X86=	86.00
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	176.00

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

FORM PTO-875 Rev. 10-03

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